

# Foster Family Home - Corrective Action Report

Provider ID: 1-210046

Home Name: Jean Siores, CNA

Review ID: 1-210046-1

92-686 Malahuna Loop

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 6/18/2021

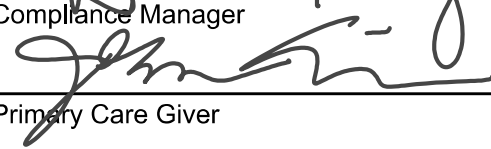
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

6/18/2021  
Date

6/18/21  
Date